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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families

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In 1914, Mrs. Max West wrote the first edition of INFANT CARE, a booklet addressed to the average mother of this country, containing basic information about the best ways to raise a healthy child.

In the years since 1914, INFANT CARE has been a best selling Government publication with more than 60 million copies distributed. It has been translated into several languages for use in other countries. Throughout this time, while the content and advice provided have changed, the basic purpose has remained the same—to serve as a handy guide for parents who want to be sure their child has a good start in life.

The booklet was completely rewritten for the sixth time in 1972. In 1980 it was reviewed and brought up to date by its 1972 author, Dr. A. Frederick North, a Washington, D.C. pediatrician. This revision includes changes suggested by a few of the millions of parents and professionals who have used the booklet since it was last written.

Issued: 1914
Revised: 1921, 1929, 1931, 1938, 1940, 1942, 1945, 1951, 1955, 1963, 1972, 1980

Infant Care

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
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Introduction

A cookbook will not make a great cook. And no book on infant care will make you the great parent you want to be. But every cook does start out with a few basic recipes and techniques and then adds new ideas from experience to develop a personal style. And all parents must start out with some basic skills and knowledge on which they can develop their own style of caring for their infants.

This edition of *Infant Care* has been written to aid you in caring for your baby and in helping your baby to develop into a healthy and able child and adult. It tells you what to expect of your new baby and gives simple instructions on how to deal with problems most parents face during their baby's first year of life. It shows you how to do things that every infant needs. It describes some of the things about normal babies that commonly worry parents, and it tells what to do or not to do about them. It also points out some of the danger signals that warn you that something may be wrong and that your baby and you may need help.

Infant Care provides suggestions, not rules or final answers. It describes at least one good way of performing a task or solving a problem. This is not necessarily the only way or even always the best way. You, your doctor, clinic, friends, relatives, parent classes or groups, or other books may suggest ways of helping your baby that are as good as those mentioned in this book.

This first year is very important both for you and your baby. Babies grow, learn, and change faster during the first

year than at any later time. They learn to move and manage their bodies and to recognize and use many household objects. They learn to relate to people both with actions and gestures and with voice and beginning language. They learn what to expect of people, and you the parents, learn about your baby's needs, reactions and personality. What you and your baby learn about each other sets the stage for all later growth and development.

Knowing a good and easy way to take care of most of your baby's needs should make it much easier for you to relax and have fun with your baby. Enjoying each other will make you and your baby much happier during the many years you will live together. Finding enjoyable ways of getting along will help your baby continue to grow and develop the way you want. We hope that this book will help by letting you know what your baby needs, how you can meet these needs, and that most of the things that may worry you will not interfere with your baby's good health and normal development.

You and Your New Baby

Get To Know Your Baby In The Hospital

The earlier you touch, feel and handle your new baby the better. The very first hours of life are usually best, even right in the delivery room.

Ask to have your newborn placed beside you in bed. Look your baby over from head to foot. Touch your baby's hands and feet, then the body and face. Caress and pick up your baby. Get to know how your baby feels. If you plan to breast-feed, this is a wonderful time to put your baby to your breast and nurse.

Later, undress and dress your baby, change diapers, give him or her a bath. Babies are really quite sturdy; they can take a good deal of handling and usually enjoy it. If you are unsure about how to pick up, hold, and dress or undress your baby, ask someone—one of the nurses or experienced mothers—to show you. Then do it yourself until you are comfortable. There is almost nothing you can do that is wrong except drop the infant. You will know something is wrong if your baby continues to cry or struggle, but if both of you are comfortable, you are doing all right.

Get the feel and the fun of handling and playing with your baby while you are still in the hospital. Insist on being together as soon as possible and for as long as possible (make a point of it!). You both will learn about each other from these contacts and it will make caring for your baby at home much easier.

Ask the Doctors and Nurses

If you don't ask questions, doctors and nurses may think you know more than you really do—or they may think you understand something they have tried to explain when you don't! Keep asking questions until you understand. The kind of care and advice you get will depend as much on

how you "use" the doctors and nurses as on how much they know. When they use medical or other words you don't understand, ask them to explain. When they give advice that sounds hard to follow, find out whether they really mean what you think they mean.

For example, you might be told to bathe your baby each time you have to change a soiled diaper. You could wind up giving a lot of unnecessary baths if you did not ask and find out that what they mean by "bathe" is to wipe gently with a clean washcloth or diaper that has been moistened with a little water!

Take Care of Yourself

Your own health as a mother is vital to your baby's health. Giving birth to a baby is exhausting, and the changes that take place after delivery are tiring. Don't be surprised if you don't feel like yourself for several weeks. Ask the hospital doctors and nurses about yourself as well as about your baby.

Although you may be tired when you get home from the hospital, you will probably have enough strength and energy to care for yourself and the baby. But housework, the care of other children, and meal preparation for the whole family may be more of a strain than you realize. During the first few days at home, get someone to help with the housework and with the other children if possible. You also may want some help with your newborn so you can spend some time with the other children who have missed you during your hospital stay. Postpone visitors for several weeks; you and the baby will feel and look better, and you will save your own energy for your family.

Feeding Your Baby

Breast-feeding—the natural way of feeding your baby, and many women find it simpler and far more satisfying than bottle-feeding. Your own milk is almost always the best food for your baby. So unless you have strong feelings against breast-feeding, you should plan to nurse your baby. It is worth starting even if you know you will have to stop after a few weeks or months. Make a special effort to breast-feed if members of the family have allergies which the baby may inherit.

If you don't wish to nurse or if you aren't able to start or continue, you can be confident that bottle-feeding of modern infant formulas is a convenient and safe substitute.

Advice on a printed page can provide only a little help with breast-feeding. Demonstration and practice are more important. Find someone who is experienced and sympathetic to teach you about breast-feeding. Most obstetric and nursery nurses are good helpers. Other mothers who have breast-fed their babies and enjoyed it can give you excellent help. In many communities such mothers have organized into groups tc help new mothers with breast-feeding. The hospital or public health nurse, your doctor, or other mothers will know of such groups. The following practical pointers may help:

- Most women find that a good nursing bra, one with wide straps that provide good uplift and one that opens easily for nursing, makes nursing easier and more comfortable. Many wear such a bra during the last weeks of pregnancy after the breasts have enlarged, and day and night during the months they are nursing. Some mothers have found that rubbing the nipples with a towel each day during the last months of pregnancy toughens the nipples, making them less tender when nursing starts.
- Find a position that is comfortable for you and your baby; a chair with arms, a pillow and a footstool for your feet are often helpful.
- Use the first few days, when there is little milk in the breast, to get your nipples used to your baby's nursing.
- Let your baby suck 3 to 5 minutes at each breast at each feeding the first day. Gradually add a minute or 2 until you are nursing about 10 minutes on each breast at each feeding .
- Touch the baby's cheek with the nipple to start. The baby will turn his or her head to grasp the nipple. (If you try to push the baby to the nipple with a finger, the baby will turn away from the nipple and toward your finger.) You may find it helpful to pinch the tip of the breast slightly with your fingers to project the nipple and make it easier for the baby to grasp.
- Allow the baby to grasp the entire darkly colored part of the breast in its mouth. The baby gets the milk by squeezing it from the nipple as well as by sucking. The

grasp on your nipple may hurt for the first few seconds, but the pain should disappear once he or she is nursing in a good rhythm. If the baby's nose is pressed against your breast, use your finger to press the breast away to allow easy breathing. When you want to stop nursing, first break the suction by inserting your finger in the corner of your baby's mouth. This will save sore nipples. If your entire breast becomes sore, you may be able to relieve the discomfort by lifting and supporting the breast with one hand during nursing.

- Keep yourself rested, well nourished and relaxed.
- You will need more fluids, extra protein and some extra calories while you are nursing. Be sure you get at least two servings of lean meat, fish, poultry, eggs, dried beans or peas each day for protein and two glasses of milk or servings of cheese for calcium. Fruits, juices, and green leafy vegetables will provide extra vitamins and minerals. Avoid

alcohol, smoking and any medicines that are not absolutely necessary, or that have not been prescribed by a doctor who knows that you are nursing.

- A small amount of milk may come out of your nipples between feedings. A small nursing pad or piece of sanitary napkin inserted in the bra over the nipple will absorb this milk, keeping the bra clean and preventing irritation of the nipple. You may wish to clean your breast with plain water before or after feedings. Otherwise your breasts require no special bathing other than your regular baths or showers.
- If you have less milk than the baby seems to want, nurse more frequently. This will increase the supply of milk.
- If the nipple area becomes swollen with milk, you may have to squeeze some out by hand in order to get the whole nipple area into the baby's mouth.
- If the entire breast becomes swollen and painful, let the baby empty the breast as much as possible. Use comfortably hot towels, a hot water bottle, or a hot shower on the breasts; gently and firmly massage the milk from the edges of the breast toward the nipple; squeeze as much milk as you can out of the nipple area by hand.

If you notice a spot of tenderness or redness on your breast or nipple that persists for more than two or three feedings, be sure to seek medical advice promptly.

- Don't blame yourself or let others blame your milk for all the ups and downs of your breast-fed infant. Babies fuss, spit up, cry and have unusual bowel movements no matter how they are fed. Just go right ahead with your breast-feeding and chances are that such minor "problems" will disappear.

Bottle-Feeding—Hold your baby close to you in your arms. Be sure that milk is in the nipple of the bottle. Touch the nipple next to the baby's mouth and the baby will turn and grasp the nipple. Hold the bottle so that it sticks straight out at a right angle to the baby's mouth.

The nipple holes should be large enough so that milk drops slowly from the bottle when it is held with the nipple down. The cap should be loose enough so that air bubbles can enter the bottle to allow the milk to be sucked out of it.

Halfway through the bottle, "burp" your baby on your shoulder by patting gently on the back until the infant burps. Another way is to hold your baby in your lap over

your hand or knee, pat the back and gently rub the stomach. The baby will usually burp up some air and often a little of the formula.

Be sure to protect your clothing with a diaper or other covering. It is much easier to clean up a diaper than your clothing.

How Often to Feed—Feed when your baby seems hungry. Most babies will fall into a pattern of 6 to 8 feedings about 3 to 5 hours apart. If your baby is more irregular than this, develop a more regular schedule by waking your infant a little earlier or feeding later when he or she is a bit more hungry. It is easier and better to get to a regular schedule by working from the baby's own schedule than by just deciding to feed at certain times whether the baby is hungry or not.

After a few weeks, most babies will begin to sleep through one feeding. Most parents prefer to skip the night feeding rather than a daytime feeding. If your baby sleeps through a daytime feeding, wake and feed at the usual time so that the baby—hopefully—will give up one of the nightime feedings.

How Much to Feed—If you are breast-feeding, you don't have to worry about how much to feed—your baby decides. Most mothers who are breast-feeding worry at some time about whether they have enough milk. Actually, too little milk is extremely rare and more frequent feeding automatically increases the supply. The best reassurance is your baby's normal activity and growth.

Most babies, after the first few days, take 2 to 3 ounces of milk each day for each pound of their body weight. Most bottle-fed babies want to have 6 or 7 feedings each day. For a 7-pound baby, this would mean 14 to 21 ounces of formula a day, or 2½ to 3½ ounces in each 6 or 7 feedings. You might begin by offering 3 ounces in each bottle. When your baby begins to empty the bottle completely at 2 or 3 feedings a day, add ½ ounce to the bottle at each feeding. Stay a little ahead of the baby and let the baby decide how fast to increase the intake of formula. If your baby takes much more or less than 2 to 3 ounces per pound per day, discuss this with your doctor or nurse. Don't worry about how much is taken at a single feeding; most babies will have times when they just aren't hungry and other times when they take more than you expect.

Spitting Up—Most babies spit up some milk after many of their feedings. The milk seems to overflow from the baby's mouth and is often curdled from the normal action of the stomach. This is really not a health problem—it is just messy. Babies who spit up a lot grow as fast and as strong as those who do not.

There are several tricks to reduce the amount of spitting up. But none of them works all the time, and most babies will continue some spitting up even when all the tricks are used.

- Burp the baby carefully mid-way through the feeding, at the end of the feeding, and a few minutes after the feeding.
- Prop the baby's infant seat or cradle a few inches so the baby's head is tilted forward over the stomach for 10 or 15 minutes after each feeding.
- Try feeding cold formula directly from the refrigerator.

First Weeks At Home

What Equipment and Supplies You Need

Babies need only a few items:

- A PLACE TO SLEEP
- CLOTHING
- EQUIPMENT FOR FEEDING
- EQUIPMENT FOR BATHING

A Place to Sleep

All you need is something with sides to keep the baby from rolling out and a soft but firm pad or mattress to lie on. A basket, cardboard box or bureau drawer will serve just as well as the fanciest crib or bassinet. The pad or mattress should be waterproof or have a waterproof casing. Watch out for sharp protruding edges on cribs or bassinets, and be sure that rails of the crib are close enough so that baby's head can't get stuck (3½ inches). No pillow is desirable or necessary. A pillow makes too soft a mattress—better a pad made from 4 or 5 thicknesses of blanket, or a thin plastic foam pad.

Bedclothes

- *2 or 3 pieces of waterproof flannelette sheeting.* Each piece should be large enough to cover the mattress or pad.
- *3 or 4 sheets.* Sheets that are fitted or contoured to the shape of the crib mattress or pad are easy to use.
- *4 to 6 18-inch squares of waterproof flannelette sheeting.* Placed under the baby, these will protect the sheets from overflow from the diaper or from spitting up, and will save many changes of sheets.
- *3 or 4 cotton flannel "receiving blankets."* These can be used as blankets in warmer weather, for bundling before and after baths, and as towels.
- *A blanket bag, sleeping bag or coverall.* These are usually much easier to use than individual blankets for cold

weather sleeping. Get one that is machine washable and that is easy to get on and off and to open for diaper changes. With such a sleeping bag you don't have to worry about blankets coming off.

Clothing

- *3 or 4 cotton knit nightgowns.* The long ones don't get kicked off as much. They are plenty of cover for most sleeping in most climates.
- *3 or 4 cotton knit shirts.* The kind that slip over the head without buttons, snaps or tapes, with short sleeves, and with large arm and head openings are the easiest to use. Taping or pinning shirts to the diapers just gets them wet with the diaper. Leaving an inch or two of bare midriff will save a lot of shirt laundering.
- *2 or 3 sweaters or sacks.* Nylon or orlon washes well. A few easy-to-open buttons in front are easier than bows or ties or many small buttons.
- *A cap.* Knit nylon, orlon or dacron, for going out or for sleeping in cold weather.
- *3 to 6 dozen diapers.* Pre-folded diapers save a lot of time. A diaper service will cost many times as much as buying and laundering your own diapers. Disposable diapers will cost about the same as diaper service. Either one is a real time and work saver if you can afford it.
- *2 or 3 plastic pants.* Use them to protect outer clothing. Many babies will get diaper rash if they wear plastic pants all the time. If the diaper area gets red and irritated, don't use the plastic pants except for outings and other times when soiling will be particularly inconvenient.

Formula Preparation

There are dozens of formulas and almost as many recommended methods of preparation. Here is one method that is easy to use in most homes. It is quite inexpensive and very convenient. To use it you must have a refrigerator that works and pure water from a good public water supply.

Equipment Needed

- *Nursing bottles with caps.* 6 to 8 8-ounce bottles, or fewer if you wash them more than once a day. Get the

boilable, plastic ones. They cost a little more than glass bottles, but they will save you from breaking and spilling.

- *Nipples.* 1 for each bottle with a few spares. The ones made of silicone will last longer.
- *A bottle and nipple brush.*

What To Do

- Use a concentrated prepared infant formula containing vitamins and iron. There are many brand names. These formulas come in 13-ounce cans and are sold at drug stores and supermarkets. They usually cost about the same as a quart of fresh milk.
- Use bottles, caps and nipples that have been washed in clean water and dishwashing soap or detergent. (Wash them first when you do the family dishes.) Use a bottle brush. Squeeze water through the nipple holes to be sure they are open. Rinse them well so that all soap or detergent is gone and let them stand in a rack to dry.
- When you wish to prepare a feeding, clean the top of the formula can with soap and water. Rinse it. Open the formula can with a clean punch-type (beer can) opener. When you have poured out the necessary amount, cover the can with fresh foil or plastic wrap and put it in the refrigerator.
- Pour formula from the can directly into the feeding bottle. Use the markings on the bottle to measure just one-half as much formula concentrate as the total amount of formula you want in the bottle. If you want 4 ounces of formula to feed, use 2 ounces of formula concentrate. If you want 6 ounces of formula to feed, use 3 ounces of formula concentrate, and so on.
- Add to the bottle an equal amount of fresh water directly from the tap. Put on the nipple and cap. No warming is necessary. Babies take cold formula as well as warm.
- Feed the formula within 30 minutes of the time it is made. If it is not used up within about an hour, throw it out and start again with a fresh, clean bottle.

SPECIAL INSTRUCTIONS

If you use water from a well or pump or from a water supply that is not regularly inspected, boil each day's supply of water for 20 minutes, pour the boiling water into a clean

jar and keep it covered in the refrigerator for use in making formula. Wash and clean the water jar daily.

If you do not have a refrigerator that will keep milk cold, use powdered formula containing vitamins and iron. Prepare formula by pouring safe tap water or cooled boiled water into the nursing bottle and adding one level tablespoon of powdered formula for each 2 ounces of water. (The measure that comes in the formula can is 1 tablespoon.) Two tablespoons or measures make 4 ounces, 4 measures make 8 ounces, etc. Put on the cap and nipple, shake the bottle well until the powder is dissolved. Feed the formula within 30 minutes. Throw out any formula that is not fed within about an hour. The can of powdered formula should be covered, but it need not be refrigerated.

If you are breast-feeding and need only an occasional formula feeding, powdered formula is especially convenient and inexpensive. Ready-to-feed formula in disposable nursing bottles is also available and convenient, but costs much more.

WHAT NOT TO DO

However you prepare formula, by one of the methods above or by one of the many other methods which may be recommended by your doctor, nurse or clinic:

- Don't feed formula which was left at room temperature in a nursing bottle or open can for more than about an hour, or in the refrigerator for more than 3 days. Germs multiply rapidly in warm milk.
- Don't feed any formula without reading instructions on the can or bottle. Some formulas are sold ready to feed and should not have water added to them. Powdered formulas are mixed one tablespoon of formula for each 2 ounces of water. Most concentrated liquid formulas are mixed half and half. Be sure you know how your formula should be prepared.
- Don't give added vitamins or iron if you are using a prepared infant formula unless these are specifically prescribed by a physician who knows that you are feeding a vitamin- and iron-containing formula.
- Don't expect much change in bowel habits, spitting up, or other symptoms by changing from one brand or type of formula to another.

Bathing

During the first week, before the cord has fallen off and the navel heals, wash the baby with a cloth wrung out in warm water. The face and diaper area require frequent washing, since food, urine, and bowel movements can irritate the skin. The rest of the body may need washing only several times a week.

After the first week or two, you may find it more convenient to give the bath in a tub or dishpan. You will need the following:

- A warm room
- A table or counter top of convenient height
- A tub or dishpan containing an inch or two of warm water. Check to be sure it is not too hot.
- You may want to put a small towel or diaper in the bottom of the tub to keep the baby from skidding on the slippery surface.
- A bar of mild soap
- A wash cloth or other soft cloth
- A full-size towel or "receiving blanket" to dry the baby

Wash the head and face first while the water and wash cloth are cleanest. You don't need soap for the face. Use your hand to lather the rest of the body with soap. Wash your girl's labia and your boy's penis just as you wash any

other part of their body. You may find it easier to wash your baby on the table on a towel, and use the tub only for rinsing. Rinse your baby thoroughly with the wash cloth — at least two rinsings — then wrap your baby in a towel and pat dry. Wash the hair with a non-irritating baby shampoo about once a week, or more frequently if your baby has the scaly, waxy rash of cradle cap. Don't worry about the soft spot on the head — it's tough!

Don't worry if you can't bathe your infant every day; 2 or 3 baths a week are enough for most babies. Some babies quickly learn to enjoy their bath, and it becomes a daily pleasure. Others strongly object to the bath the first 8 or 10 times it is tried. They will gradually learn to tolerate the bath and perhaps even to enjoy it.

Use a nail clipper to keep finger and toe nails short. Cut them straight across, and try to clip them when the baby is relaxed or asleep. At other times sudden playful motions may make clipping difficult, and you might accidentally clip the skin.

NEVER, NEVER LEAVE THE BABY ALONE IN THE WATER FOR ANY REASON WHATSOEVER!!!

If the telephone or doorbell rings, or your 2-year-old hollers, wrap the baby (soap and all) in a towel and put the baby under your arm. The bath is ***never*** safe, no matter how little water you may use, until well into the second or third year of life. If there is a real crisis or emergency, put the baby on the floor. He can't fall or drown there.

Always check the water temperature. Hot water causes scalds and burns! Don't leave the baby in the tub with the water running.

Don't try to clean the ears, nose, navel, vulva or anus with cotton-tipped sticks. Anything you can't clean with a corner of a wash cloth doesn't need cleaning.

Don't use special disinfectant soap for every bath and cleansing. Plain soap is best. Too much soap can be almost as irritating to the skin as is dirt, food, or soiled diapers.

Sleeping

Everybody will get more rest if the baby does not sleep in the parents' room. Especially in the first weeks, frequent snorts, gurgles, sneezes, coughs and irregular breathing are bound to keep you awake wondering what the baby will do next. If you are really needed, your baby will cry loud enough to be heard from nearly everywhere in the house! Even in the smallest apartment, a crib or makeshift crib can be moved to the living room, kitchen or bathroom when the parents retire for the night.

Don't put your baby in bed with you either. You may roll over in your sleep and smother or hurt your infant. And, it is almost certain the baby will want to become your constant bedfellow. Neither you nor your husband will want to put up with a wiggling, wet baby for very long.

The baby shouldn't sleep in a strong draft or breeze. He or she doesn't always need open windows for sleep. Air that is fresh enough to breathe during the day is fresh enough to sleep in.

Most babies sleep from 12 to 20 hours during the 24-hour day. Your baby will decide how much to sleep. You won't be able to make your baby sleep any more or less. However, you can arrange to keep your infant awake during the times of the day that are most convenient for you, so he or she will sleep during the night and during morning or afternoon naps.

Bowel Movements

Babies' first bowel movements are sticky and greenish-black. After a week or two, they become lighter and less sticky, the way they will be for the next year. A baby may have anywhere from one movement every 3 or 4 days to 5 or 6 movements a day. Movements may be as firm as those of a normal adult or as soft as watery scrambled eggs. A baby may turn red in the face and cry with each bowel movement, or may seem totally unaware of them. The color of the bowel movements may be yellow, green or brown. All of these are normal.

Constipation—exists when the bowel movements are hard, dry, and difficult to pass, no matter how frequent or infrequent they may be. Prune juice (1 tablespoon) added to one

of the baby's bottles or a small feeding of vegetables each day may soften the bowel movements. If not, your doctor or clinic may suggest a remedy. Do not use mineral oil, castor oil, adult laxatives or enemas without medical advice.

Diarrhea—exists when the bowel movements contain too much water. Small bowel movements which are milky or watery or odd-colored are rarely of concern, and no treatment or diet change is usually necessary. Large watery bowel movements can cause a baby to lose more water than he or she is drinking. This "dehydration" can be a true medical emergency. Even a single, huge, explosive, watery bowel movement can be an emergency in an infant 1 to 3 months old, especially if there is poor appetite or vomiting. **Do not delay in seeking medical attention when there are one or more large watery bowel movements.**

Blood in bowel movements—Slight blood streaking on the outside of a bowel movement is usually caused by a small sore or fissure in the anus, and is not a cause for alarm. The fissure and the bleeding can often be cured by keeping the stools soft with one of the remedies discussed for constipation. If bleeding or hard bowel movements persist, your doctor will be able to help. *Do not delay* medical attention if there is bloody diarrhea or if fresh blood or blood clots are passed with the bowel movements.

Crying

Babies cry to tell parents that they are in some way not satisfied or comfortable. Your job is to find out why and, if possible, to do something about it. Hunger is the most common cause. Loneliness is probably the next most common cause, especially after the first few months. Some babies cry only because they are tired. Actual pain from an open diaper pin or from colic (see page 18) is much less common. The baby's own temperament makes a big difference. Some will let out a roaring cry at the first sign of hunger or discomfort while others will become quietly restless and not actually cry for some time. Some will cry whenever the diaper is wet or soiled; others will ignore the diaper until it causes enough irritation to cause actual pain. Some will object to baths, to being placed in bed, to having

the lights put out or to other sudden changes. Excessive clothing or clothing that is not warm enough may cause discomfort and crying.

But there is always a cause, and usually you should be able to figure out what the cause is and to do something about it. This does not mean that you can't let a hungry or wet child wait for several minutes while you finish what you are doing. But it does mean that no child should be left to cry for any prolonged period of time without serious attempts to find out what is wrong and to correct it.

Many babies do have a time each day when they are just fussy or crying without any reason that you can discover. After you have checked for a cause of crying, you can safely ignore these fussy periods.

Most children want attention and handling. If a baby becomes quiet and content when picked up, it was probably just loneliness that caused the crying. A few minutes of fondling and play, and then perhaps leaving the baby in the room with you where you can be seen is all that is needed. If there is actually hunger or pain, the crying will soon start again even if you are holding or playing with your infant. Don't worry about "spoiling" your baby. Giving the needed attention during the first year will help build the trust which will help him or her learn more "grownup" behavior later on.

Many infants rest better if they are firmly wrapped, or swaddled, in a blanket or wrapper.

Colic

Some babies have attacks of crying nearly every evening, usually between 6:00 and 10:00 p.m. During such attacks, babies frown, their faces redden, and they draw their legs up. They scream loudly—a cry quite different from the cries of hunger or loneliness. Crying may continue from 2 to 20 minutes even when the baby is picked up and comforted. The attack may end suddenly, or soft crying may last a few minutes after the hard crying stops. Just as the baby is about to fall asleep, another attack may occur. Gas may rumble in the stomach and be passed through the rectum.

No one knows what causes such attacks. They often come at the same time every day. At other times of the day the infant is happy, alert, eats well and gains weight. During an

attack, holding the infant across your knees on his or her stomach often will give some comfort. There is little you can do except comfort the baby until the attack stops. Be sure the baby isn't just hungry, wet or lonely, and that no part of the clothing is uncomfortable. Most importantly, remember that colic does not interfere with your baby's general health and growth, and that your baby will grow out of it by the time he or she is 12 to 16 weeks old. Colicky babies *do* annoy their mothers and fathers and anybody living in the household. Remind everyone that it is not the baby's fault, it is not your fault, and the baby will get over it. If the colic becomes a real problem, it is worth a special trip or call to the doctor, who may be able to prescribe a medicine to make the baby rest more comfortably.

Common Problems and Worries

Eyes—When you get home from the hospital, the baby's eyes may have some white or yellow discharge caused by irritation from the medicine that was put in at birth. This should clear up within 5 or 6 days and should not get much worse at any time. If it does get worse or lasts more than a week, get medical advice promptly.

Head Shape—In passing through the birth canal, the head may become molded into a peculiar shape. It will become more normal in the first several weeks of life.

Body fluid may accumulate under part of the scalp, causing a firm, spongy lump or "caput." This will disappear in a few weeks. Blood may accumulate on the surface of one of the bones of the skull, causing a soft squashy lump—"cephalohematoma." This kind of lump may take several months to disappear completely. A child who always lies on one side may show flattening and loss of hair on that part of the head. This, too, will disappear as your infant grows older. None of these conditions will cause any problems later in your child's life.

The Umbilical Cord and the Navel or Belly Button—The stump of the umbilical cord, which is cut at birth, usually falls off within 5 to 9 days. The navel then often shows a slight oozing or bleeding for a few days. If it does, clean it

once or twice a day with soap and water or with alcohol. Bleeding or oozing that lasts more than 2 or 3 days after the cord falls off should be brought to the attention of a doctor.

Older Brothers and Sisters—Older brothers and sisters are often jealous of the time that you spend with your new baby. Try to find some time to give each of them special attention. Don't be surprised if a child between ages 2 and 5 starts thumb sucking, wetting pants, or asking for bottles or diapers in imitation of a new baby. This child is simply seeking attention. Give as much as you can of the attention needed but don't encourage such a child to return to baby-like habits. A child older than 3½ or 4 years can usually understand the arrival of a baby and help you take care of the newborn.

Children between ages 1 and 3½ years should never be left alone with the baby. They are too young to understand the baby. They may pick up and drop, squeeze too hard, sit

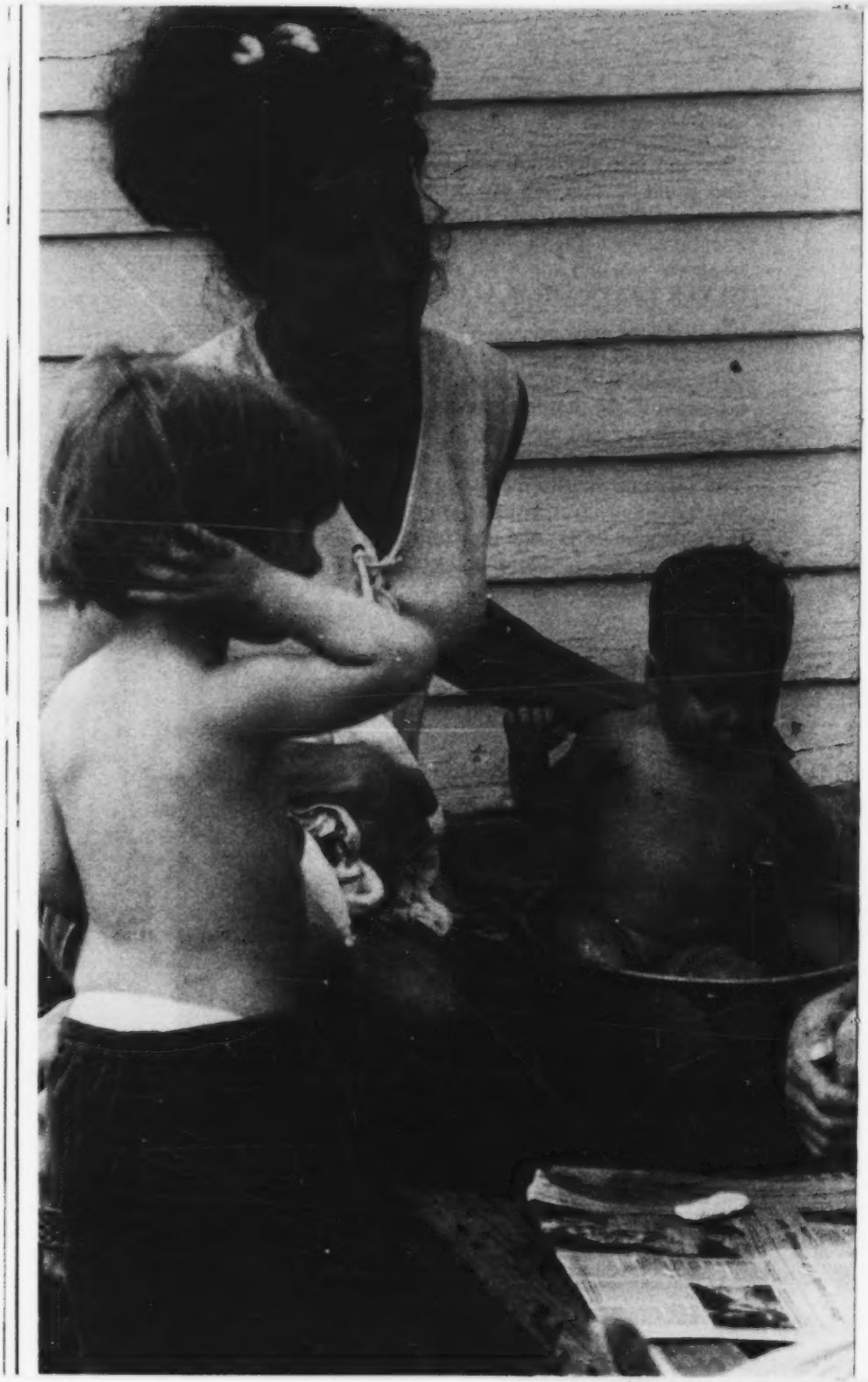
on, or put dangerous things in the infant's mouth or crib. They may hurt the infant with tools, utensils or furniture! This is not because they are "bad," but because they may be jealous of the new arrival. Give them the individual attention they need, let them help you and the baby in whatever way they can when you are with the baby, and **NEVER LEAVE THEM ALONE WITH THE BABY.**

Ask Questions

Especially with your first baby, you will have more questions in the first few weeks than at any later time. If your question isn't answered in this book, get an answer from another source. There are many excellent baby books. You may not want to read any of them from cover to cover, but they can answer many of your specific questions. Ask experienced mothers and grandmothers. But don't necessarily accept all the advice you get! If what you hear or read is simple and makes sense, give it a try. If not, get other advice.

Use the telephone to call a doctor, a well-baby clinic, or the hospital where your child was born. Write down all your questions before you make the phone call so you will be sure they are all answered. If you don't understand the advice you are given, keep on asking until you do understand. Many doctors and nurses use medical terms which few mothers can understand. If that happens, tell them so. Ask them to say it in plain language. Don't give up until you understand what they mean. Just because advice is given by a doctor or nurse doesn't mean that it is right. If it doesn't make sense to you, or if it sounds extremely complicated or difficult, even after you have had a full explanation, don't hesitate to ask someone else.

The more you can tell your doctor about what is bothering you or your child, the better he or she will be able to help you. For example, if your child is crying more than usual, your doctor will want to know at what time of day your child cries, how long it lasts, whether there seems to be pain, whether there is anything you do that makes it better or worse, for how many days the crying has lasted and whether your infant seems sick or uncomfortable in any other way. The more you can tell about your baby, the better advice you will get.



After the First Weeks

Temperament

Babies differ from each other in many ways. They may be big or small, fast growing or slow growing, early developers or late developers, brown-eyed or blue-eyed. One of the most important ways in which babies differ is in their temperament—the usual way they react to you, to other people, and to things around them. You will find it much easier to understand, to take care, to teach, and to enjoy your baby if you pay attention to his or her temperament.

There are at least nine ways in which young babies differ from each other in "temperamental characteristics." No one knows whether these characteristics or differences are inherited, whether they are formed when the baby is growing during pregnancy, or whether they develop in the first weeks of life. In any case, they are present in the first months of life, and you will want to understand how they affect your child.

Activity Level—How much does your baby move around? When in bed, does your baby wiggle all over the crib or stay in the same place? When you change a diaper or put on a shirt, do you have trouble because of constant wiggling or does your baby lie quietly and let you change the diaper?

Normal babies may be very active or very inactive. Your job in caring for a very active baby will be very different from caring for a very inactive one. If you believe that all babies should be active, you may be disappointed or frustrated by an inactive baby. If you think all babies should stay still while being dressed or bathed, you may think that an active baby is bad or that all the activity is due to your improper care. Don't blame yourself or the baby. It is just the way some babies are made!

If your baby is super-active, you may just want to enjoy this or you may want to behave in a more soothing and

gentle way so as to encourage your infant to slow down a little. If your baby is very inactive, you may want to take more initiative in playing, moving about, and rewarding activities that are self-started.

Regularity—How regular are your baby's habits? Does your baby always awaken at the same time, get hungry at the same time, take naps and nurse at about the same time? Does your baby eat and drink about the same amount at the morning feeding each day? Does this vary slightly each day or is it completely unpredictable?

If your infant is very regular, your job is usually quite easy. If your baby is very irregular, you will have to be prepared for daily changes! Or you may have to do more scheduling rather than letting the infant take the initiative to find a comfortable schedule. Of course, you can't feed an infant who isn't hungry, or force sleep on an infant who isn't really tired. But you can feed before your child cries of real hunger, and you can put the baby down for a quiet time or for sleep even though your infant isn't especially tired.

Adaptability—How long does it take your baby to get used to new situations or to changes? When you changed from sponge bathing to a bath, was it accepted immediately, or did it take 6 or 7 tries before it was really accepted? If you offer a new food or toy, does your baby take it promptly or does it take many trials before the food is eaten or the toy is played with? If your baby fusses the first time you put a cap on his or her head, is there an objection every time you try, or is it accepted very quickly?

High or low "adaptability" is neither good nor bad. The child who resists change may take longer to teach. But, once taught, such a child won't change every time a slightly different situation comes along.

Approach or Withdrawal—How does your baby usually react the first time to new people, new foods, new toys and new activities? Does your baby reach out for them and seem pleased, or shy away and fuss? Approach and withdrawal differ from adaptability in that they describe a baby's first reaction to something new rather than the length of time or number of tries it takes to get used to it.

A baby who immediately reaches out for something seems easier to deal with at first. But a baby who withdraws slightly from a new situation may be much easier to keep out of trouble and danger when a little older. Again, neither characteristic is good nor bad, but they do require different handling.

Threshhold Level of Sensitivity—Is your baby very aware of slight noises or slight differences in temperature, in tastes, or in different types of clothing? Some babies, for example, wake up at the slightest noise while others sleep through anything. Do bright lights or sunlight make your child blink or cry? If your child doesn't like a new food, does he or she notice when you mix a little of it with an old food that is liked? Does your baby let you know every time the diapers are wet, or ignore wet diapers?

Very high sensitivity may make your job more difficult at first, but a child who notices small differences may learn some things faster or more easily at a later age.

Extreme insensitivity to sounds may be caused by deafness, not temperament. You should certainly mention such insensitivity to your doctor.

Intensity of Reaction—How strong or violent are your child's reactions when pleased or displeased? When pleased, some children laugh and wiggle all over, while others just smile. When displeased, some children scream loudly, while others frown and fuss quietly. If they don't like a new food, some children will hit the spoon away, spit out the food, and cry, while others will just turn their faces away. How does your child react?

If your baby reacts very strongly and intensely, you will want to teach him or her that all that loudness and activity aren't necessary to get what is wanted. Don't let an intense child learn that you only pay attention when reactions are very strong. Such a child's active way of showing pleasure will make up for some of the loud crying when showing disappointment.

Distractability—How likely is your baby to turn attention away from what he or she is doing to something new? Some children will keep on sucking—no matter what happens—during a feeding. Others will stop and pay attention to a

door opening or someone entering the room. A toy will keep some hungry babies quiet for several minutes; others will keep demanding to be fed. Some will turn to any new sound or sight while they are busy playing; others will continue to play.

You may want to nurse in a quiet place if your child is distractable, and to give just one or two toys at any one time. If your infant is not at all distractable, you may have to be very firm when you want your infant to change from one activity to another.

Positive or Negative Mood—How much of the time does your baby show friendly, pleasant, joyful behavior as compared to unpleasant crying, fussy or unfriendly behavior? This means not just the first reaction to new situations, or to the times of actual hunger or discomfort—it means the way your baby is during most of the day. Your baby's mood may be expressed quietly with a frown or a whimper, or with a smile and a twinkling eye. Or it may be a loud scream or a deep laugh.

A baby with a negative mood is much harder for anyone to deal with. You will have to realize that the few bright spots in the baby's day mean you are doing a lot of things the right way. You must remember that the baby's general unpleasantness does not necessarily mean that you are doing something wrong. Such an infant may wear you out very quickly. You may need more recreation and more time away from the baby. You will have to learn to ignore some of the crying and fussing once you have made sure the

child really doesn't need anything at the moment and has no reason to be uncomfortable.

Attention Span and Persistence—How long will your baby stick with something? Some continue to try difficult tasks, even if you try to stop the activity. Others give up quickly. Some will keep watching something above the crib for 10 or 15 minutes; others turn to something else after a few minutes. Attention span and persistence mean how long babies stick with something on their own, not how easy it is to distract them with something new or different.

You will be pleased when your child persists in doing things you like, and unhappy when he or she persists in doing things that upset you. You will want to be firm and patient and use distraction to get a persistent child to change activities. You will want to encourage and praise a non-persistent child for sticking with a useful activity.

If you pay attention to how your child measures up in each of these traits, you will be better able to give your child the kind of help that is most needed. And you will be much more certain that what you are doing is right.

"Difficult" Babies

While no single trait of temperament makes a baby difficult, babies with certain combinations of traits are certainly much harder to care for. If you have such a child, it may be a great comfort to know that you really have a much harder job than most other parents.

A baby with a combination of irregularity, withdrawal from new situations, slow adapatability, negative mood and intense reactions will be very hard to care for indeed. You will need a great deal of patience. You will have to be firm and willing to be firm not just once, but many times one after another. You will need more time away from your infant and more help from your husband and others. Such a baby will especially need your signs of approval and affection at those times when he or she is comfortable and "cooperative." But even such a difficult baby will learn to be less difficult, and as this happens you will have the satisfaction of knowing that you have performed a very difficult job in a very skillful way. And you will have saved your baby from a lot of trouble in later life!

Development

While temperamental characteristics or traits tend to remain quite constant over a long period of time, many other kinds of behavior change rapidly—and many of these changes can be predicted by your baby's age. Some of these "developmental" characteristics and behaviors are listed along with the ages at which your baby is first likely to show them.

Moving the Whole Body

Characteristics	*Most Babies First Do This Between*
Holds head off of bed for a few moments while lying on stomach	Birth and 4 wks
Holds head upright lying on stomach	5 wks and 3 mos
Holds head steady when held in sitting position	6 wks and 4 mos
Rolls over from front to back, or from back to front	2 mos and 5 mos
Sits without support when placed in a sitting position	5 mos and 8 mos
Gets into sitting position in crib or on floor without help	6 mos and 11 mos
Takes part of weight on own legs when held steady	3 mos and 8 mos
Stands holding on	5 mos and 10 mos
Stands for a moment alone	9 mos and 13 mos
Stands alone well	10 mos and 14 mos
Walks holding onto furniture	7½ mos and 13 mos
Walks alone across a room	11 mos and 15 mos

Using Hands and Eyes

Characteristics	*Most Babies First Do This Between*
Follows an object with eyes for a short distance	Birth and 6 wks
Follows with eyes from one side all the way to the other side of head	2 mos and 4 mos
Brings hands together in front of body	6 wks and 3½ mos
Grasps a rattle placed in fingers	2½ mos and 4½ mos
Passes a toy from one hand to the other	5 mos and 7½ mos
Grasps a small object (like a raisin) off a flat surface	5 mos and 8 mos
Picks up a small object using thumb and finger	7 mos and 10 mos
Brings together two toys held in hands	7 mos and 12 mos
Scribbles with a pencil or crayon	12 mos and 24 mos

Using Ears and Voice

Characteristics	*Most Babies First Do This Between*
Pays attention to sounds	Birth and 6 wks
Makes vocal sounds other than crying	Birth and 6 wks
Laughs	6 wks and 3½ mos
Squeals	6 wks and 4½ mos
Turns toward your voice	4 mos and 8 mos
Says "Dada" or "Mama"	6 mos and 10 mos
Uses Dada or Mama to mean one specific person	10 mos and 14 mos
Imitates the speech sounds you make	6 mos and 11 mos

Behaving With People

Characteristics	*Most Babies First Do This Between*
Looks at your face	Birth and 1 mo
Smiles when you smile or play with him or her	Birth and 2 mos
Smiles by self	6 wks and 5 mos
Pulls back when you pull a toy in his or her hand	4 mos and 10 mos
Tries to get a toy that is out of reach	5 mos and 9 mos
Feeds crackers to self	5 mos and 8 mos
Drinks from a cup by self	10 mos and 16 mos
Uses a spoon, spills little	13 mos and 24 mos
Plays peek-a-boo	6 mos and 10 mos
Plays pat-a-cake	7 mos and 13 mos
Plays with a ball on the floor	10 mos and 16 mos

NOTE: A baby who was born before expected—who was "premature"—will normally be later in development. If your baby was early by a month, add one month to the above ages to find out when to expect to see these characteristics. If two months early, add two months, etc.

Don't spend much effort trying to teach your baby something that most babies don't learn until they are older. Your baby will learn it easier and faster later on.

Knowing what your child will be doing next can help you plan for your child's safety. A child who can crawl must be kept away from stairways and things that can be pulled over. A child who can grasp things will need to have dangerous (or valuable) things kept out of reach. A child who can pick up small objects which can be swallowed and cause choking must be kept away from small items.

A child who sits early will probably stand early, but won't necessarily talk early. The characteristics that are grouped together in the chart usually go together in a child.

If your baby does something later than the expected times shown in the chart, you should think about why this might be. If slow in just one or two items, and average or quick in the others, this may be just your child's style of doing things. But if your baby is slow in all items in any category, it is cause for some concern. Have you been giving your child an opportunity to learn, and have you been praising your child's efforts? Is your child a premature baby or physically ill? If you can't find any reason, and if your child doesn't learn when you try to teach, have your doctor check your child's health and development. If you are told the baby will "grow out of it" and you don't see any improvement, check again—or get another doctor's opinion. If your baby is much slower than the expected times in several areas of development, either there is a health problem or there is something wrong with your child's opportunities to learn and develop. In either case, you will want to know about it.

Play and Exercise

You and your baby get to know and understand each other as you play together. Babies learn about their own bodies and about the world around them as they play by themselves. They reach out and examine things, first with their eyes, then with their hands and then with their whole bodies. They listen, then respond, then imitate as you talk to them in play.

In the first months, baths, feeding times, and diaper changes give you the opportunity to handle each other, to listen to each other, and to watch each other. You can stretch your baby out, pull your baby into a sitting or standing position and get to know the real strength of your baby's grip and muscles.

At first, your baby will play using his or her eyes, looking at objects and following them as they move. A few objects dangled on a string above the crib will provide something to watch, and so will the view out the window or the sight of you carrying out your usual household tasks.

By age 2 to 3 months, infants will spend a great deal of time watching their hands as they reach out and bring them back in front of their faces. They will begin to laugh and squeal so you will know when they really enjoy their own games and the games you play with them.

Toys

A toy is anything babies play with. Babies don't care whether it was purchased in the most expensive children's shop or is a cardboard tube from a roll of toilet paper. Spoons, boxes, pie tins, pieces of cloth, or clothespins will give just as much to explore and just as much pleasure as expensive toys. To be safe, any toy you give your baby should:

- Be sturdy enough that it will not splinter or break;
- Be large enough so that it can't be swallowed;
- Have no parts that can come loose and be swallowed such as whistles on rubber toys, or buttons or eyes on stuffed animals and dolls;
- Have no sharp points or edges; and
- Be painted with a safe paint (see safety checklist on page 44).

Babies need only a few things to play with at any one time—the crib shouldn't be stuffed with a great number of toys and household objects. However, the more different things there are to look at, handle, bite, squeeze, scratch, bang, rattle and throw, the more your baby will learn about what things are like. So change the toys frequently. Any household contains plenty of safe objects for even the most curious baby.

Out of the Crib

By 3 to 4 months, your baby will probably demand a little more excitement than is provided in the crib or by daily care. Your child may let you know by screaming and crying from boredom or by just being a little fussy.

Your baby will be happier spending a few hours a day sitting in an inclined infant seat watching you do your work. Your infant will also want to spend some time on the floor rolling, kicking and beginning to learn to crawl. Keep a close eye on your child playing on the floor; young babies have enough strength to pull down a lamp or a small table and can move amazingly far and fast even before learning to crawl or creep. A playpen can be useful because you can leave the baby safely out of your sight for a few minutes while you carry on your household tasks. Later on the baby can use the bars or net of the playpen to pull up to stand. And a playpen can make a handy crib for naps or even for all-night sleeping. When your baby is quite small, you can make a playpen by blocking off a corner of a room with furniture or boxes. As your child grows in strength, you will need something stronger that can't be moved. As your child grows older, set aside some time each day for playing freely about on the floor outside of the playpen. The older your baby gets, the more carefully you will have to watch to avoid dangers.

Discipline and Teaching

The word "discipline" means teaching. It does not mean punishment, as many people think. Children will be well "disciplined" when they learn to do those things which please you and which promote growth and development. They will also be well "disciplined" when they learn *not* to do those things which displease you and others and which interfere with health, growth, and safety.

The key to learning and discipline is not punishment, but reward. When your baby first smiles, you pay attention and smile back. When you see another smile, you smile back and pay attention again, and you may talk pleasantly and cuddle your baby. Your infant soon learns that smiling causes good things to happen and learns to do a lot of smiling. In just the same way, when you pay attention to the first cooing and gurgling sounds, your smile, your voice

and your fondling reward your infant, who then coos and gurgles more and more frequently. By age 5 or 6 months, babies begin to notice that you "reward" more when they repeat sounds that you make than when they make just any old sound. Pretty soon they imitate everything you say and begin to learn to talk.

If a baby's smile is constantly ignored, smiling will stop. And if cooing, gurgling and other sounds are constantly ignored, a baby soon will stop making sounds. You actually teach your baby to smile by rewarding for smiling and to talk by rewarding for talking. You teach by responding in a consistent way to what your child does.

The same thing holds true for almost all other kinds of behavior. When you respond to something your child does by giving your attention, a smile, a kind word, or a caress, your baby will do that thing more and more frequently. If you ignore it, it will be done less and less frequently. With these two methods, rewarding and ignoring, you will teach almost everything that your child will learn.

What about punishment? Will a baby stop doing something if he or she is regularly punished for it? It should work that way, but actually punishment doesn't work well in the first years of life. The baby usually can't figure out just what behavior is being punished. If you slap a baby when a spoonful of food is thrown on the floor, the child may not know whether the punishment is for eating, for trying to feed himself or herself, or for something else. Your child may stop eating or stop self-feeding rather than start

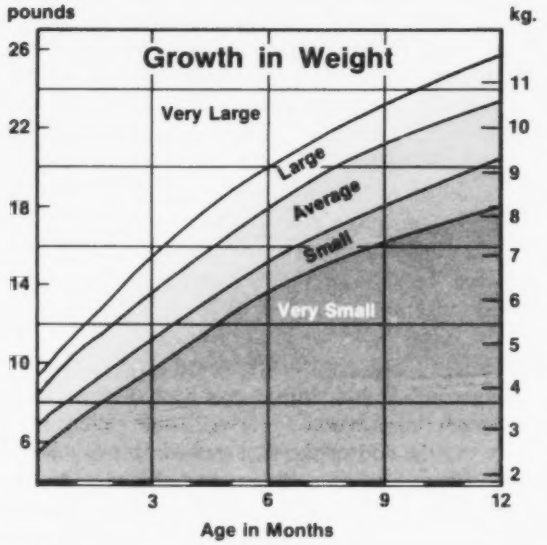
to become a neat eater. Then too, punishment is a form of attention. Some babies may enjoy the attention more than they dislike the punishment. Children, when rewarded with a smile for using a spoon successfully—or punished with a frown for throwing their food—will soon learn to give up purposeful spilling.

Of course, babies sooner or later must learn that some of the things they do make people around them irritated or angry. You don't always have to be calm, smile and hold your temper. To show your irritation at your child's behavior is natural and is quite different from trying to teach good behavior through punishment.

There are some things your baby will do which are just plain dangerous. If your infant gets hold of something sharp or something that can be swallowed, take it away promptly. At the end of the first year, begin to teach the meaning of "no" by rewarding your baby when he or she stops doing something dangerous when you say the word. Soon you will be able to use the word "no" to keep your baby out of dangerous situations. Save most of your harsh words for teaching about things that are really dangerous. Don't waste your "no-no's" on things that really don't matter.

Physical Growth

Babies' steady growth in height and weight is one of the best signs that they are healthy and getting the kind of care they need. It is the steadiness of the growth that counts, not how much it is or how fast it is. Most babies gain about one-half pound per week during the first few months of life and about one pound per month from 5 to 12 months. Smaller babies usually gain less, and larger babies may gain more. You don't need a scale to tell. Your judgment and the regular medical check-ups are plenty. The chart on the next page shows the average lengths and weights of large, small and average size babies, and indicates about how much they will gain from month to month during the first year of life. The most common cause of slow growth in young babies is being fed too little or too infrequently. Try offering your baby more frequent bottles or more milk in each bottle, and your baby will usually catch up very quickly. If not, check with your doctor.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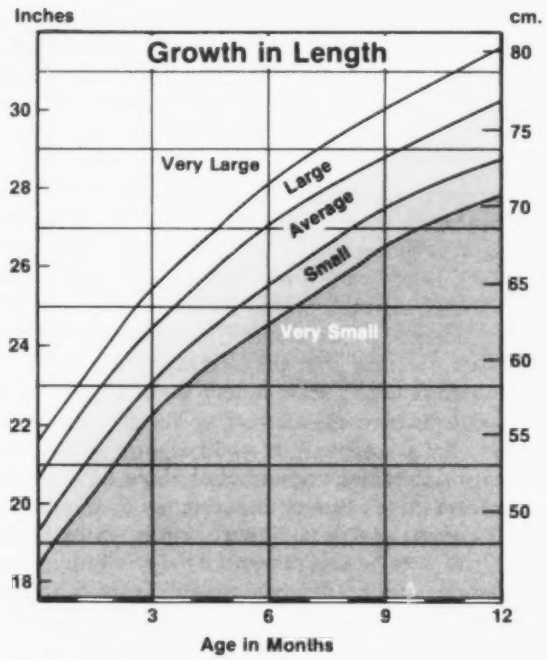
Age in Months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Age in Months

Feeding

Continue to feed either breast milk or an iron and vitamin enriched infant formula at least through the first 12 to 15 months. There is no reason to change to fresh dairy milk, which costs no less, requires refrigerator storage and can be less nutritious for many infants. Skim milk should not be used for infant feedings.

Your baby doesn't need any food other than plenty of breast milk or formula for the first 6 months. But you may want to get your child accustomed to different tastes, textures and temperatures of foods before age 6 months. Whenever you decide to start "solids" or spoon foods, there are a few rules that will help you.

Start slowly. A few spoonfuls once or twice a day is plenty at first. The baby's main nutrition should still come from milk, but feeding spoon foods, water, and juice gives you a good opportunity to play together and learn about each other.

Try just one new food at a time, and feed it every day for several days. Start with simple, pure foods. Use pure rice cereal, not mixed cereal; applesauce, not fruit dessert; lamb, not meat dinner. New foods may cause vomiting, diarrhea, or skin rash in a few infants. By starting only one new food every 4 or 5 days and by using simple foods you will know which food is the cause. Once the child has eaten a food for 3 or 4 days without any ill effects, you can use it anytime in the future without worrying. Choose new foods from each of the food groups listed on page 38.

Don't spend much money on expensive baby foods. There is nothing special about the foods that are sold as baby foods except that they are finely strained. With a blender or by simple mashing with a fork, you can make "infant" foods of almost anything you are preparing for the rest of the family. Avoid canned fruits and vegetables which are not specially made for infants. They may contain too much salt or lead. Homemade infant foods should be refrigerated immediately. Infant desserts, meat and vegetable combinations, and meat dinners are especially expensive for their limited food value. Ready-cooked infant cereals are a good value. They are easy to prepare, and they contain iron and vitamins that are not found in adult cereals.

After 6 months of age, your baby needs nourishment

from foods other than milk or formula. Feed no more than 25 to 30 ounces of formula a day and let your baby fill up on other foods. If even this much milk spoils the baby's appetite for other nutritious foods, reduce the formula to as little as 16 ounces.

The best way to be sure that the diet is nutritious is to be sure that it satisfies your infant's appetite and contains a wide variety of foods. In any 2- or 3-day period, in addition to milk or formula, a baby should have several servings from each of the following food groups:

- Fruits or fruit juices
- Vegetables—at least one serving of leafy green vegetables
- Meat, fish, poultry, eggs or cheese
- Bread, cereal, rice, crackers, spaghetti (whole-grain or enriched)

Candy, cookies, sugar, sweet desserts and soft drinks have little nutritional value. They are also bad for your baby's teeth and they may spoil the appetite for more nutritious foods. Use them only occasionally or forget them altogether.

You can tell if a food is not being digested properly if it comes through in the bowel movements. If it does, chop it finer or use other foods.

When you feed the baby table foods—foods that you prepare for the entire family—be sure they don't contain chunks or stringy material which can choke a baby (no peanuts, raisins or popcorn; watch out for strings in celery and green beans).

Babies enjoy using their fingers to feed themselves. Encourage your baby to eat such "finger foods" as crackers, bits of bread or toast, bits of cheese or meat, or small bits of banana or peeled apple. Let the baby try dinking from a cup by 5 or 6 months old. Put just a little bit in the bottom of the cup at first, then increase the amount as your baby learns to drink more skillfully. Encourage your baby to hold the cup and the bottle during feedings—the sooner your baby learns this, the less you will have to help. Let your baby help you handle the spoon during feedings. If you sit behind your baby during feedings, your infant can hold onto the spoon or your hand and learn the movements needed to eat without your help. This may slow you down

and make some mess, but your baby will be eating without your help sooner. By 9 or 10 months old, babies generally are able to eat most of the things cooked for the rest of the family. You will still have to mash up some of the vegetables and cut the meat, chicken, or fish into tiny bites.

Teeth and Their Care

The first teeth usually appear at about 6 months of age and the average 1-year-old has about 6 teeth. But don't worry if teeth come by 3 or 4 months, or not until 12 or 13 months. Early or late teeth don't seem to make any difference; babies can chew most foods with their gums!

When a tooth is coming through the gum, the gum may become red and sore, and the baby may seem irritable for a day or so. Sucking on something cold may help. Half of a baby aspirin every 3 to 4 hours may relieve the pain. Don't use teething lotions or paragoric to rub the gums; they are often dangerous. And don't blame fever, vomiting, or other signs of illness (other than mild fussiness, some spitting up, and slight change in bowels) on teething! If your child really seems sick, it is not "teething" that is causing it.

You can do three things to make sure that your child continues to have healthy teeth:

1) Be sure that your water supply contains fluoride or that your baby is getting fluoride drops or fluoride pills—check with your dentist, doctor or clinic.

2) Keep sugar off of the teeth. It causes tooth decay. Avoid food sweetened with sugar. Feed naturally sweet foods at meal times. Don't leave the baby in a crib or playpen with a bottle of formula or juice. Both contain sugar and can keep the teeth bathed in sugar for hours.

3) Clean the baby's teeth as soon as they appear. Use a cloth or soft brush without toothpaste or powder. Clean the teeth at least once a day, and do it after each feeding if you can.

Health Supervision

You will have many questions about your baby that can best be answered by a medically trained person. Your baby should be checked from time to time for normal growth and development and for problems which you may not notice. Every child needs certain tests and "shots" or immunizations

to avoid certain illnesses. For these reasons your baby should be seen by a doctor (or a nurse or physician's assistant specially trained in infant care) several times during the first year of life.

Choosing a Doctor or Clinic

You will want to choose a doctor or clinic whose office is convenient, whom you trust, who is likely to be available by telephone when you want advice, and who can take care of your child both when well and when sick. Neighbors and friends will often have suggestions. The doctor who delivers your baby and the hospital nurses can be helpful. If you have other children, you will certainly want to use the same doctor for all your children.

Using the "Doctor"

If possible, choose your baby's doctor before the baby is born. Let the doctor know when you expect to have your baby and ask him or her to visit you and the baby in the hospital and to care for the newborn later. Some doctors will suggest a visit before the baby is born to get to know you and to discuss your plans for caring for the new baby.

Be sure to talk with the doctor who examines your baby in the hospital to find out if all is well. Ask questions and get answers!

Especially with a first baby, you will have more questions in the first days after you and the baby come home from the hospital than any other time. Check this booklet and experienced and trusted friends first, but don't hesitate to call the doctor, clinic or hospital.

Most doctors and clinics will schedule the first checkup when baby is about 1 month old, and then plan further visits every 4 to 8 weeks for 3 or 4 visits and less frequently after that.

Your conversation with the doctor is the most important part of each visit. The doctor may actually examine the child only 3 or 4 times during the first year, but he or she will always want to know how your baby is growing, learning and developing, and whether you have noticed any problems. Write down your questions and observations so you can be sure to remember them. The following chart shows a typical schedule of visits to the doctor or clinic.

SCHEDULE OF VISITS

AGE AT VISIT

Procedures During Visit	In Hosp.	1 Mo.	2 Mos.	4 Mos.	6 Mos.	8 Mos.	12 Mos.	15 Mos.
Discussion & Questions	●	●	●	●	●	●	●	●
Examination	●	●	○	○	●	○	●	○
Measurements of Length, Weight, Head Size	●	●	●	●	●	○	●	○
Questions and Tests About Development	○	●	○	○	●	○	●	○
DTP Shot			●	●	●			
Oral Polio Vaccine			●	○	●			
Measles, Mumps and Rubella Shot								●
Blood Test for Anemia						●		

Each doctor or clinic will have its own schedule, but you should expect it to include most of the items listed above.

● usually done at this age.

○ may be done at this age.

(NOTE: The schedule above was compiled on the basis of information available as of March 1980. As new knowledge becomes available, recommendations for immunization schedules may undergo further changes.)

Keeping Your Own Records

You may have to change doctors, or you may have to get medical care when your doctor is not available. A busy clinic or doctor may lose your child's records. If you keep your own record and take it with you whenever you visit a doctor or clinic, you will probably save time and trouble. The form on page 67 is one way of keeping such a record. Tear it out and take it with you.

When Doctors Disagree

Don't be surprised if one doctor doesn't give you the same advice as another, or even if they actually disagree with each other or with what you read in this book.

For many problems, there are many successful treatments, and this book only mentions one. For some other problems, such as colds, each doctor may have a favorite medicine, none of which makes much difference. For still other problems (whether boys should be circumcised, for example) there are real differences of opinion. When two doctors give you directly conflicting advice you should ask for an explanation. If the explanation is convincing, fine. If not, you will have to get a third opinion or make up your own mind.

Safety and Accidents

Babies born healthy are more likely to die from accidents than from any illness. Accidental injuries can cause severe and prolonged handicaps. You can prevent almost all accidents by knowing what your baby is able to do and making sure it is done in a safe way. Use the following checklist to be sure your home is safe.

Birth to 4 Months

What babies can do:

Eat, sleep, cry
Roll off a flat surface, wiggle a lot
Need full-time complete protection

Safety Checklist

Bath

☐ Check bath water temperature to avoid scalds.
☐ Keep one hand on baby at all times in bath.

Falls

- ☐ Never turn your back on a baby who is on a table, bed or chair.
- ☐ Always keep crib sides up.
- ☐ If interrupted, put your baby in the crib, under your arm, or on the floor.

Burns

- ☐ Put screens around hot radiators, floor furnaces or stoves.
- ☐ Don't smoke when you are caring for your baby.
- ☐ Be sure that foods, bottles and bath water are not too hot.

In Crib, Bassinet, Carriage and Playpen

- ☐ Be sure bars are close enough so that your baby's head can't get stuck (3½ inches at most).
- ☐ Be sure the mattress fits the crib snugly so your baby can't slip between the mattress and the sides of the crib.
- ☐ Don't use a pillow.
- ☐ Select toys that are too large to swallow, too tough to break, with no small breakable parts and no sharp points or edges.
- ☐ Keep pins, buttons, coins and plastic bags out of reach.
- ☐ Never put anything but things a baby can eat or drink in a baby bottle, baby food jar or baby's dish. Someone might feed it to the baby.
- ☐ Don't use a harness or straps in the crib.

In Automobile

- ☐ Use a safe infant restraining device. (see page 51"Going Out")
- ☐ Keep your baby in a place where he or she cannot touch or otherwise disturb the driver.

Supervision

- ☐ Don't leave your baby alone with 1- to 3½-year-old children.
- ☐ Have the telephone numbers of physician, rescue squad and poison control center posted near your telephone.

4 to 7 Months

What babies can do:

Move around quickly
Put things in mouth
Grasp and pull things
Need more time out of the crib

Safety Checklist

- ☐ Recheck the *Birth to 4 Months List.*
- ☐ Never leave your baby on the floor, bed or in the yard without watching constantly.
- ☐ Fence all stairways, top and bottom.
- ☐ Don't tie toys to crib or playpen rails—a baby can strangle in the tapes or string.
- ☐ Baby-proof all rooms where the child will play by removing matches, cigarette butts, and any other small objects, breakable objects, sharp objects, tables or lamps that can be pulled over.
- ☐ Cover all unused electric outlets with safety caps or tape.
- ☐ Keep high chairs, playpens, and infant seats away from stoves, work counters, radiators and furnaces.
- ☐ Keep all electric cords out of reach.
- ☐ Keep cans, bottles, spray cans, and boxes of all cleansers, detergents, pesticides, bleaches, liquor and cosmetics out of reach.
- ☐ Never put a poisonous household product into a food jar or soft drink can. Someone may swallow it or feed it to the baby.
- ☐ Don't paint—with paint which contains lead—any toy, crib, furniture or woodwork, or any other object baby might chew. Look for a label on the paint container which says "Conforms to American Standard 266.1-1955 for use on surfaces which might be chewed by children." If a toy or crib is old and repainted, better remove the old paint completely and refinish it with safe paint.
- ☐ If your house was orignally built before 1940 and has any chipping paint or plaster, repair it completely and cover it with wallpaper or safe paint. If there is chipped paint or plaster in halls or other places you can't repair, have it tested for lead by the health department *and move out if you can't get it repaired.*

8 to 12 Months

What babies can do:

Move fast
Climb on chairs and stairs
Open drawers and cupboards
Open bottles and packages
Need more opportunity to explore *while you are watching*

Safety Checklist

- ☐ Recheck the *Birth to 4 Months List.*
- ☐ Recheck the *4 to 7 Months List.*
- ☐ Baby-proof all cupboards and drawers that can possibly be reached and opened. Remove all small objects and sharp objects, breakable things, household products that might poison, plastic bags, and foods that might cause choking (such as nuts or popcorn).
- ☐ Keep coffee, hot foods, and hot pots and pans out of your baby's reach.
- ☐ Don't use a dangling table cloth; it can be pulled and everything on it can crash on the baby and the floor.
- ☐ Keep medicines and household products that might poison in a *locked* cabinet.
- ☐ Be especially careful when you or someone else in the family is sick. Medicines are likely to be out of their usual safe place, and your baby may want to imitate you by eating them.
- ☐ Keep medicines separate from household products and household products separate from food.
- ☐ Never give medicine in the dark. Turn on the light and read the label—**EVERY TIME.**
- ☐ Never leave your baby alone in the bathtub or wading pool. Babies can drown in only a few inches of water. They can also turn on the faucet and scald themselves.
- ☐ Avoid sunburn.
- ☐ Get 1 ounce of Ipecac Syrup from the druggist and keep it on the medicine shelf to treat poisoning.

First Aid and Emergency Treatment

Even when you are careful about safety, accidents and illnesses will occur. You should know what to do and have a plan of action.

If possible, take a first aid course from the Red Cross, the "Y," the Boy or Girl Scouts, or review a course you may have already taken.

Life-Saving First Aid

Choking, bad bleeding, drowning, burns from chemicals, and electric shock require immediate action to save lives. You can't wait for help or advice.

Choking—Check to see whether your baby can still move air in and out. If so, wait for the baby to cough it up. If not, turn the baby's head down and slap firmly between the shoulder blades. If nothing happens, try again. If baby still can't breathe, try to remove the object with your finger while the baby is still upside down. If something is completely blocking the windpipe (trachea) and it can't be removed using a finger in the mouth, a sudden hard squeeze of the baby's lower chest may "pop" it out, like a cork from a bottle. Rush to the hospital if your baby can breathe but keeps choking.

Drowning or Electric Shock—Use the following steps for mouth-to-mouth Rescue Breathing until your baby starts breathing again or you get medical help.

1. Clear the mouth with your finger, quickly removing any mucus, vomit, food, or object.
2. Place the baby face up on the floor, table or other firm surface.
3. Tilt baby's head back with chin up.
4. Cover mouth and nose with your mouth and blow gently until you see baby's chest rise.
5. Remove your mouth and let baby's lungs empty.
6. Take a quick breath yourself.
7. Repeat at a rate of about 20 times a minute.

If air is not moving, quickly check the position of your baby's head and try again. If still no movement, hold your baby upside down, slap firmly between shoulders, check mouth to remove any blockage, and try again. DON'T STOP!

Heavy Bleeding—Stop the bleeding by pressing with your hand directly on the bleeding spot. Get a cloth or piece of clothing under your hand and press firmly. Continue to press. If bleeding continues, add more cloth and continue to press.

DO NOT use a tourniquet. Direct pressure from your hand will stop almost any bleeding. Even if an arm or leg is nearly cut off, you can stop the bleeding with pressure.

Burns from Chemicals—If lye, oven cleaner, pesticides or other strong chemicals come in contact with the baby's skin or eyes, wash it off with large amounts of water for a long time. Remove any contaminated clothing. Place the affected area directly under a faucet, garden hose, or shower and keep rinsing for 5 minutes. Use a bottle, cup, or gentle faucet to wash out eyes; keep the eyelids open as much as possible.

Poisoning from Swallowed Medicines or Products—

1. Immediately feed as much milk or water as the baby will take. Keep the baby drinking.
2. Call a poison control center, physician, hospital or rescue squad. Tell them the name and brand of the substance that was swallowed. Keep the container, the label and anything left in the container.
3. IF a DOCTOR advises it or if you can't reach a doctor, make the baby vomit—**but not if:**

- The baby is unconscious or having a convulsion;
- The substance swallowed was a strong alkali or acid (lye, ammonia, drain cleaner, oven cleaner); or
- The substance swallowed was a petroleum product such as kerosene, gasoline, turpentine, lighter fluid, insecticide or furniture polish.

If any of these substances are swallowed, go directly to a hospital emergency room, clinic or doctor's office.

4. Make the baby vomit by giving 2 teaspoons of Ipecac Syrup (1 tablespoon for children over 1 year old). You should have a bottle in your medicine cabinet and in your automobile First Aid Kit. If you don't have Ipecac, and have a long trip to the doctor or hospital, stop at a pharmacy to get some and give it on your way to the doctor or hospital.

Poisoning from Smoke or Fumes—Remove your baby to a place where there is fresh air. Use Rescue Breathing if breathing stops. (See ***Drowning or Electric Shock*** on page 46.)

Shock—After any severe injury, burn or bleeding, an infant may become pale, clammy and cold. Keep your infant lying flat and warm with blankets and get medical care immediately.

Emergencies Which Require *Immediate* Medical Treatment

- Poisonous Bites
- Vomiting Blood
- Crushing Injuries to the Chest
- Severe or Extensive Burns

DON'T STOP FOR ANYTHING EXCEPT LIFE-SAVING FIRST AID. RUSH DIRECTLY TO A HOSPITAL OR OTHER EMERGENCY MEDICAL TREATMENT FACILITY.

For most injuries there is no need for such rush and hurry. You have time to calm down, to comfort the baby and other members of the family, and to telephone for medical advice. Cuts (after the bleeding has stopped), most burns, convulsions, eye injuries, broken bones, high fevers, and head injuries all can wait until someone trained in medicine or first aid can be located to give advice by telephone or in person. Keep the baby warm and comfortable. Don't move the baby unless you are sure there are no head or neck injuries and no broken bones.

Minor First Aid

Cuts—Stop the bleeding by pressing against the cut. Wash thoroughly with soap and water. Pat dry. Cover with sterile

gauze pad or adhesive bandage. Don't use iodine, mercurochrome or first aid ointment. Soap and water will take care of germs. If the skin does not fall back into place neatly, or if the wound is as much as ¼-inch deep, stitches or a special bandage may have to be applied to speed healing and prevent scarring.

Scrapes—Wash thoroughly with soap and water. Use a wet gauze to remove all dirt particles. Cover with a sterile gauze pad or adhesive bandage.

Puncture Wounds—(a deep prick from a pin or tack). Press gently to encourage bleeding and soak in warm water for 10 to 15 minutes. Cover with an adhesive bandage. Get medical advice if it gets more sore or red.

Slivers—Wash with soap and water, remove with tweezers or scrape out with a needle. Wash again. Cover with an adhesive bandage.

Burns—Rinse with cold water. Cover with sterile dressing or clean cloth. Don't use ointments or greases. A cold pack made by putting ice cubes in a plastic bag and covering with several layers of cloth may relieve the pain of a fresh burn.

Falls—Don't pick your baby up immediately after a fall. Watch for a few moments. Babies who cry loudly and move their arms and legs normally, probably have no serious injuries, and they can be picked up and comforted.

If your baby is unconscious or if you think there may be a broken arm, leg, neck or back, call for medical advice immediately—before you move your baby.

If your baby is crying loudly and is not unconscious, run your hand over the head to be sure there are no lumps or depressions. Let your baby rest or play quietly, but check frequently. If your baby develops unusual sleepiness or vomits more than once, get medical advice. If activity and appetite stay about the same as before the injury, you have nothing to worry about.

Insect Bites and Stings—Remove the stinger if present. Calamine lotion may reduce itching and scratching.

Particle in Eye—Most of the time a small speck of dirt or tiny insect will be blinked into a position along the lid where it can be removed with a corner of a clean tissue.

If the eye seems irritated and a speck can't be seen, bring the upper lid down over the lower lid and release it. The tears may wash the speck out. If irritation continues, cover

the closed eye with several gauze pads, tape them in place, and take the child for medical care.

Clothing

Your child doesn't need much more than a diaper and a shirt in a comfortably heated house. During hot weather your baby may be happier without a shirt. After the first weeks you can judge what is needed to keep your baby comfortable by what you need to keep yourself comfortable. If you need a sweater while resting quietly, so will your baby. If a sweater or extra shirt makes you too warm, your baby will probably feel the same way. Your baby doesn't need a cap or hat if you don't.

There is no magic in outdoor air. It is neither particularly good nor particularly bad as long as your baby is properly clothed. Again, your own comfort is the best guide. Bright sunlight won't hurt babies' eyes, but babies can get sunburned more easily than adults or older children.

Shoes

Shoes protect infants' feet from rough surfaces and sharp objects. They do not change the shape of the feet (unless they do not fit properly) or help infants walk or stand. Unless walking on rough surfaces or in places where there may be dangerous or sharp objects, babies don't really need any shoes. Socks, booties or clothing with feet sewn in are plenty, and bare feet are usually fine. When you get shoes, either for "dress up" or because they are needed for protection, be sure that they are well fitted. Most shoes made for babies are well designed and expensive shoes are not necessary. When babies first start to wear shoes, their feet will grow so fast their shoes will have to be replaced every 6 to 8 weeks. It is important to buy *properly-fitted* shoes for your baby. (Sock size also must be changed!) High-topped shoes are harder for babies to remove, but they have no other advantage.

Laundering

You can launder clothing and diapers together. Wipe or rinse the bowel movement off soiled diapers and clothing and rinse them before adding to the diaper pail. Place dirty

diapers, bed clothes and clothing in a covered plastic pail or washbasket between washings.

Use a mild low-sudsing detergent, and rinse everything 3 or 4 times after the washing. If you use an automatic washer, run it through an extra "rinse" cycle. Adding a cup of vinegar to the final rinse may help prevent diaper rash.

If possible, use a clothes dryer; it leaves the laundry much softer than drying on a clothes line.

Your Own Health

Don't neglect your own health and comfort. You will be a better parent if you eat nourishing food, get enough sleep and exercise, and keep up with your friends and interests.

You need at least one medical checkup about 6 weeks after the birth of your baby. Your doctor may suggest further checkups. Be sure to keep all your medical appointments so that any health problems discovered during your pregnancy and delivery can be completely treated. Your baby and your future babies need to have you in the best possible health.

Be sure to ask for family planning advice! How many children and how often to have them are up to you. Don't leave it up to chance. Modern birth control methods are much safer than unplanned pregnancies.

Going Out

Babies can go anyplace their parents go—and they often do. However, avoid unnecessary exposure to germs in

crowded public places where strangers might handle your baby, sneeze or cough in your baby's face. When necessary, your baby can certainly sit with you in church or on the bus and go with you to the supermarket. Most babies seem to love trips in cars. It is important to get a suitable crash-tested infant restraining device.* Automobiles are always dangerous to everyone, and they are especially dangerous if a parent must worry about the movements of a baby while driving! The use of specially designed infant car restraints can prevent death and greatly reduce injury to children in crash situations or during sudden stops.

A canvas "baby tote" or back pack is often easier to use than a carriage or stroller. It is much more convenient for short distances. You may even use it at home when your baby wants to be near you while you are busy.

For away-from-home feedings, the ready-to-feed formulas packaged in nursing bottles are so safe and convenient that they seem worth the extra cost. Disposable diapers are a great convenience on trips away from home.

*"Auto Safety and Your Child," DHHS Publication No. (OHDS) 80-30123, is available free by writing to: LSDS, Department 76, Washington, D.C. 20401.

Leaving the Baby

You need some rest from your baby and babies have to learn that others can care for them. Plan to get out without your baby for at least several hours a week after the first month.

Babysitters—Select the person with care. Relatives, neighbors and friends—all can be great—or terrible. You want someone who really cares about your baby and whom you can trust. You will want the sitter to be healthy. Get to know the sitter by inviting him or her for a brief stay while you are home. Show where things are, how you care for the baby and tell what you expect. Observe feeding and diapering to see whether the sitter seems to know and care about what he or she is doing.

Whoever is left to care for your baby, even for a brief time, should know:

- Where you can be reached;
- Telephone numbers of your doctor, fire department and police;
- The name and telephone number of a responsible relative or friend who can be called if you can't be reached;
- Details about your house—how to regulate heat, how to lock and open doors, etc.;
- What and when to feed the baby; and
- When you will return.

Crying When You Leave—Up to the age of 5 to 7 months, babies usually accept care from anyone. After that they may take some time to get used to a stranger and may scream when the parents leave. Give your baby and sitter some time together before you leave and use the same one or two babysitters as much as possible. But don't be fooled by screams—your baby will probably be happy within 5 minutes. Babies have to learn that they can trust their parents to come back and they can only learn this trust if parents do leave and do come back.

*Full-Time Babysitting and Child Care**—Many mothers return to full-time or part-time work after the baby is born. Most mothers will want to wait at least 3 months before returning to full-time work; many will want to wait longer.

*"A Parent's Guide to Day Care," DHHS Publication No. (OHDS) 80-30254, is available free by writing to: LSDS, Department 76, Washington, D.C. 20401.

Every mother should carefully consider whether the money and satisfaction she gets for returning to work is worth the cost to her and to her family. Good child care is always expensive, and poor child care causes a great deal of trouble and worry for the mother and can be dangerous for the baby. Most mothers find caring for their own children enjoyable and rewarding. Add up the total cost of child care, transportation, meals, extra clothing you will need if you return to work and subtract this from the take-home pay you will receive. Then decide whether you really want to work for this amount.

There are many ways to arrange babysitting or child care:

- Someone may care for your child in your own home, such as a relative, a maid or housekeeper.
- Someone may care for your child in their home—foster day care or home day care.
- Your child may be cared for in a center designed and staffed especially for the care of children—a day care center.

A trusted friend or relative is often the best babysitter. Housekeepers or maids are expensive. At a minimum wage (1979) such care would cost at least $5,500 to $6,000 a year. Even at this cost, it might be the least expensive form of child care if you have several children requiring care. You have complete control and responsibility for the kind of care your child receives. Supervising and training such a maid or housekeeper will require a good amount of your time and effort.

Leaving your child in another person's home is often the least expensive form of child care, usually costing about $25 to $30 a week, or about $1,300 a year per child. You have very little to say about how such a person takes care of your child, so you must choose very carefully and visit frequently to be sure that your baby is getting the kind of care you want. If at all possible, choose a home that is licensed by a health or welfare department and which is part of a day care association which trains and supervises the day care "provider" and makes sure the home is safe.

Day care centers for infants are available in many cities, towns and military bases. Some are very good but many of them are, at the present time, very bad. Good centers are expensive—usually costing $30 to $60 a week per child.

Sometimes part of this cost is covered by a church, industry, or other sponsor, so the actual charges to parents can be less.

Checklist for Judging a Day Care Home or Center

- ☐ Does the person caring for the children really care about your child as an individual?
- ☐ Is there at least one person to care for each 4 to 5 children at all times of the day (including the day care "provider's" own children)?
- ☐ Does the caregiver treat each child as his or her own—talking to each child while bathing or changing the diaper, holding each child when feeding, "teaching" and paying attention to each child's temperament and development?
- ☐ Is the home or center safe and healthful, with room for children's play and care, fresh air, reasonable cleanliness and free of safety and accident hazards? (See the safety checklists on pages 42 to 45.)
- ☐ Are your suggestions for the care of your child welcomed and listened to?
- ☐ Do the caregivers and children seem to be happy, alert and enjoying themselves?
- ☐ Are you welcome to visit at any time, with or without telling in advance that you are coming?
- ☐ Has the caregiver had a medical examination to show that he or she has no disease that your child could catch and is strong and healthy enough to care for children?
- ☐ Is there a telephone which the caregiver can use to reach you or to call for help in an emergency?

Penny Pinching

There are several ways that you can safely cut the cost of caring for your baby, and some costs that you should not try to cut.

Furniture—Any box, basket or drawer will make a fine cradle for a newborn baby. Don't buy a small cradle.

A playpen narrow enough to push through a door can also be used as a crib. The thin pad is just as good as a mattress. You will have to do a lot more bending.

Food – Formula concentrate, formula powder, whole milk and evaporated milk all cost about the same amount. The convenience and safety of the formula concentrate make up for any slight difference in price.

Don't start food other than cereals before age 6 months. Don't use much baby meat at any age; one jar a week is plenty until your baby is eating table foods. Use regular foods instead of those specially prepared for babies (but avoid canned goods not especially made for babies).

The special infant cereals are very convenient and contain added iron and vitamins; they are well worth the slightly higher cost.

Don't use vitamin or mineral drops if you are using a powdered or liquid infant formula. The formula contains all the vitamins and iron the baby needs.

Launder your own diapers. You can probably buy a washing machine for the $200 you save by not using diaper service or disposables! Even if you must use a coin laundry, you will save a few dollars every week.

Fancy clothing may be fun for you, but it doesn't help your baby. Save the money for well-fitted shoes and sturdy play clothes.

A bathinette is no better or more useful for bathing and changing a baby than is a sturdy table or kitchen-type cabinet and you can use the table or cabinet later for other things.

Public well-baby clinics are often free and usually give very good advice and shots. However, if your clinic doesn't provide telephone advice and if you must go to a private doctor or pay clinic for any illness, you may find that a public well-baby clinic saves you little money. This is especially true if you must lose time from work to use the free clinic. Don't be afraid to ask a doctor the charges for visits and shots when you call for an appointment.

Common Problems and Worries

Skin

Babies' skin just isn't as smooth and clear as the advertisements say it is. Almost every baby develops a fine pink or red rash whenever the skin is irritated by rubbing on bedclothes, by spitting up, or by very hot weather. Almost all of these fine pink rashes will go away promptly if the skin is bathed with clean water whenever it is dirty, and washed with mild soap once a day.

Many babies develop waxy scabs on the scalp and forehead, called "cradle cap" or "seborrhea." Daily scrubbing with mild soap and a wash cloth will usually keep this under control.

Small, red, blotchy "birthmarks" on the eyelids and back of the neck are so common that they are called "stork bites." They usually show up when the baby is between 1 and 4 weeks old. They go away by themselves after a year or so, and cause no trouble of any kind. There is nothing to do but wait.

Bright red raised "strawberry marks" are also quite common. They appear after one or two months, grow rapidly for a few months, stop growing and gradually disappear. Unless your baby has one that is particularly large or in a spot where it is constantly being irritated, it is best to let it go away by itself.

Large areas of pale blue discoloration, called "mongolian spots" are common, especially on the trunk of dark skinned infants. They become less obvious as the child grows older and have no importance.

Diaper Rash—Urine and bowel movements are irritating to the skin, especially when they stay in contact with the skin for a long time.

Prevent diaper rash by changing diapers frequently, by rinsing the diaper area with clean water at each diaper change, by rinsing diapers thoroughly after washing, and by

applying a layer of zinc oxide paste (you can buy it at any drug store) to any irritated area.

If your baby gets a diaper rash in spite of this, you should:

- Leave off the plastic pants (or plastic covered disposable diapers) except when absolutely necessary. Using 2 or more cloth diapers at nap time and at night will make this less messy.
- Leave the diaper area completely uncovered for a few hours each day (nap time or early evening is most convenient); put a couple of diapers under the baby to prevent soiling.
- Apply a thin layer of zinc oxide paste to any irritated area after cleansing at each diaper change.

When to Worry—Any pimple or rash that gets bright red and enlarges, or that develops blisters or pus, may be the beginning of an infection that will need medical care. You can soak such a rash with a washcloth or towel wrung out in warm water, and keep it clean by washing with mild soap and water twice a day. If it gets worse, or if it doesn't get better in 24 to 48 hours, you should get medical advice.

Any rash that looks like bleeding or bruising in the skin should be seen by a doctor promptly (unless you know it really is a group of bruises).

Legs and Feet

Most babies' legs and feet don't look "normal" until the child has been walking for several years! The feet seem to turn in or out in the first year of life. By age 12 to 18 months the legs look bowed.

Almost all of these funny-looking feet and legs are perfectly normal and will gradually straighten out as babies run, play and climb. If you can move the foot easily into a "normal" looking position, and if the foot moves freely when the baby kicks and struggles, it is almost certainly a normal foot that developed a bend or twist while the baby was sitting on it during your pregnancy.

You won't cause bowed legs by pulling your baby into a standing position or letting your baby walk or stand "too early." Also, babies won't walk any sooner by being placed in a walker—which usually isn't much fun for babies anyway.

Umbilical Hernia—Swollen Navel

About one-fourth of all babies develop a swelling at the navel. This usually grows rapidly for several months, then grows with the baby for several months, then gets smaller and disappears. Large hernias may not go away until the child is 4 to 6 years old. The bulge often gets tight or tense when the baby cries or coughs.

Since these hernias almost always go away if they are left alone for long enough, there is no reason to have them repaired by surgery. They almost never cause any kind of trouble or pain. Occasionally a 4- to 6-year-old child may be embarrassed by a particularly large hernia, and it can be repaired at that time. By waiting, you will almost certainly save your baby an unpleasant and unnecessary operation.

Genitals

The boy's penis and scrotum and the girl's clitoris and labia are usually rather large at birth. They get slightly smaller over the next few weeks.

A girl may have a slight white creamy discharge from her vagina in the first few weeks, which is normal. It should become less and less and should not irritate the skin. Get medical advice if it becomes worse or if she develops a discharge after the first week or two. Any bulge or lump in a girl's genitals should be checked by a doctor.

One or both of a boy's testicles may seem particularly large, and be surrounded by a water sac or "hydrocele." Hydroceles are painless, cause no harm and go away without treatment, usually within a few months. Seek medical care for any swelling in the groin, and seek medical care immediately for any painful swelling in the groin or testicles.

If you want your boy circumcised, have it done while you are still in the hospital. It is not necessary, and it should almost never be done as a special operation once you and he have left the hospital (except for religious circumcisions).

A circumcision should heal completely within a week to 10 days. The tip of a circumcised boy's penis may become irritated by the diaper. Put a little vaseline or zinc oxide paste on the irritated area each time you change the diaper.

If your boy is not circumcised, don't try to pull the skin back over the tip of the penis. It will hurt and irritate. As

he grows the skin will gradually loosen until it will pull back with ease (it sometimes takes as long as 3 or 4 years).

Sucking

Most babies get their thumbs and fingers in their mouths and suck on them. Many seem to find it especially enjoyable and do it often. It causes no harm and can be ignored.

Some parents don't like the looks of thumb and finger sucking and substitute a pacifier for the thumb. This also is fine and the pacifier can be thrown away toward the end of the first year. But don't substitute the pacifier for the attention, food or diaper changes that your baby wants and needs when he or she is crying! And don't use a bottle of formula or juice as a pacifier!

Crossed Eyes

When awake and alert, your baby's eyes should look straight at you. One may turn in or out slightly when your baby is particularly tired, but both eyes should work together almost all of the time. If not, seek medical advice at your baby's next checkup. Don't be fooled by a wide nose which may make the eyes look as if they are turning in.

Very Frequent Urination

Most babies urinate nearly every hour until they are 2 or 3 months old, every 2 or 3 hours for the rest of the first year, and will sometimes urinate 2 or 3 times in a very short period. However, you should tell the doctor at the next checkup:

- If your young baby never seems to go more than one-half hour without urinating;
- If your older baby seldom goes more than an hour without urinating;
- If your baby strains hard to urinate; or
- If urine always comes out in a weak trickle or very fine tight stream.

Colds

Many babies have a slightly stuffy, rattly noise in their noses nearly all the time. This is not a cold; it just seems to be the way they are made. It will become less and less noisy

and noticeable as your baby gets older and the air passages of the nose get larger. Your baby will also learn to clear the nose by sniffling. Don't use cold remedies for such a baby. You may be able to reduce the noise by sucking out the nose several times a day with a small rubber bulb called a nasal syringe.

Most babies will have 2 or 3 real colds in the first year and a perfectly normal baby may have 8 or 9. During colds, most babies become a little fussy and lose part of their normal appetite. Their noses run with clear watery material, which becomes thick and sticky in a few days. Their eyes may get red; they may cough and make a lot of noise when they breathe. They may have fever. The whole thing may last only 4 or 5 days or as long as 2 or 3 weeks, and a cough may take 4 or 5 weeks to disappear completely.

Neither you nor your doctor can do much about it except keep your baby as comfortable as possible. If your baby seems uncomfortable with aches and pains, give half a baby aspirin 3 or 4 times a day. Use the nasal syringe to clear the nose when stuffiness causes discomfort. A mixture of honey and lemon juice given 1 teaspoon every 4 hours will do as much good for a cough as many fancy cough medicines.

When You Should Worry—If your baby seems very weak and sick, has no energy to even cry loudly, nurses poorly, doesn't want over half of the usual bottle, doesn't wake up to be playful for even a short time—then you should seek medical care quickly.

How sick your baby acts tells much more about how serious the illness might be than anything else. If your baby has a high fever and a cough, but takes some of the bottle eagerly and wants to play, you don't have to worry. But if your baby is listless; weak; uninterested in attention, play or the bottle; you should get medical advice.

If your baby has labored breathing, you should get medical care *promptly*—day or night. Labored breathing means working so hard at breathing—getting the air in and out—that there is no energy left for anything else, even for nursing or for playing. Making a lot of noise breathing is not important, but having to work very hard to breathe is!

If your infant cries or moans as if in pain for several hours during a cold, you should get this checked by a doctor. If he or she is just fussy and goes to sleep after you

give comfort and/or half a baby aspirin, you need not worry. But painful cries should not be ignored.

You will probably want to check with a doctor the first few times your baby has a bad cold, but you will soon learn what to expect with colds and how to treat them.

You really can't do much to prevent colds. Colds are most contagious—most easily passed from one person to another—during the few days *before* the signs of a cold appear. Once you have had a cold for a day or two, you are unlikely to give it to someone else. So keeping your baby away from people with signs of a cold will not help much.

Fever

Fever is the body's natural response to many infections. If your baby has a fever, there is something wrong. But how high the fever is doesn't tell you anything about how serious the sickness is. If an infant with a high fever is playful and cheerful, the sickness is not likely to be serious and you need not worry. A child with only a slight fever or no fever who appears to be sick and weak needs medical attention. Fever should warn you to watch carefully, but it doesn't tell you how sick your child may be.

Many babies will have a fever with every cold. Many have a fever for a day or two with no other signs of illness except tiredness and fussiness.

Most of the time an infant with a fever needs no special treatment. Give plenty to drink and take off any extra sweaters or blankets. If your baby seems uncomfortable or particularly jittery, give one-half a baby aspirin every *6 hours* if your child is 3 to 8 months old. Give one-half a baby aspirin every *4 hours* if your baby is 9 to 18 months old. Aspirin will reduce the fever, but fever itself does no harm. Use aspirin for pain and discomfort. Leave the fever untreated unless the baby seems uncomfortable.

If your child has a fever you can't explain for 4 or 5 days in a row, you should seek medical advice even if he or she doesn't seem very sick.

Vomiting

Your baby may vomit during a cold or fever—or have an illness which may have vomiting, or vomiting and diarrhea, as its only signs.

When your baby vomits, don't give anything to eat or

drink for *one hour*. Then give one-half ounce of cold sweet juice, tea with sugar or soft drink. Repeat this half-ounce feeding every 10 or 15 minutes for an hour. Give 1-ounce feedings every 10 or 15 minutes for the next hour, and 2-ounce feedings as often as your baby wants them for the following hour. If there is no more vomiting, it is now safe to give small amounts of cereal, formula, crackers or toast. But don't give more than 2 ounces to drink at one time until there has been no vomiting for 6 hours.

If vomiting occurs after you start this routine, wait one hour and start again at the beginning with half-ounce feedings.

If your infant continues to vomit for more than one day or seems very sick and weak, you should get medical advice.

Care of a Sick Child

Don't worry if a sick child doesn't want to eat, but be sure to give plenty to drink. If there is a fever or diarrhea, your baby may be particularly thirsty. Give only the usual amount of milk and offer water, juice or soft drinks in between.

Let your baby decide how much exercise and sleep are needed. Babies who want to be up and playing can be allowed to do so. Babies who are sick enough to need extra rest will soon lie down and fall asleep by themselves. Better a happy child playing quietly than a child screaming in the crib because someone said, "Your baby's sick and should be kept in bed."

Try to keep your baby comfortable. This often means fewer blankets and clothes rather than more, especially for a child with a fever. There is nothing wrong with outdoor air or with automobile trips—provided your baby is comfortably dressed and allowed to rest when necessary.

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BIR

Name o

Name o

Date of

DATE

TH _____ RECORD OF HEALTH SUPERVISION

f Hospital	Address	Telephone
f Obstetrician	Address	Telephone

Birth Date Baby Was Due

AGE	WEIGHT	LENGTH	HEAD SIZE	ANY PROBLEMS?	IMMUNIZATIONS		
					DTP.	POLIO	OTHER
Birth